

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/696,381
Filing Date	October 28, 2003
First Named Inventor	Albert K. Chin
Group Art Unit	3739
Examiner Name	Philip Robert Smith
Attorney Docket Number	80121-08565

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

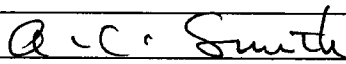
The reasons for this request are:

The client discharged the practitioners designated below by instructing that the subject application be transferred to other patent counsel. The client and the new patent counsel have been informed of upcoming docketed items pertaining to the subject application.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Jason R. Kraus Faegre & Benson				
Address	2200 Wells Fargo Center				
Address	90 South Seventh Street				
City	Minneapolis	State	MN	Zip	55402-3901
Country	US				
Telephone		Fax			

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number 00758
- on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Albert C. Smith, Reg. No. 20,355
Signature	
Date	12/14/06

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.